



BIR Form No. 2316 September 2021 (ENC)		Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld		 2316 9/21/ENC	
1 For the Year (YYYY) 2025		2 For the Period From (MM/DD) 01 01 To (MM/DD) 12 31			
Part I - Employee Information				Part IV - Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN 302 - 544 - 831 - 000				A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) Alba, Anna Vanessa Borode				29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) 0.00	
5 RDO Code 53B				30 Holiday Pay (MWE) 0.00	
6 Registered Address 5 San Miguel Extension Belisario Compound Barangay San Isidro Paranaque City Metro Manila Paranaque NCR				31 Overtime Pay (MWE) 0.00	
6A ZIP Code				32 Night Shift Differential (MWE) 0.00	
6B ZIP Code				33 Hazard Pay (MWE) 0.00	
6C ZIP Code				34 13th Month Pay and Other Benefits (maximum of P90,000) 55,951.88	
6D Foreign Address				35 De Minimis Benefits 0.00	
7 Date of Birth (MM/DD/YYYY) 01/02/2001				36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 24,160.48	
8 Contact Number				37 Salaries and Other Forms of Compensation 0.00	
9 Statutory Minimum Wage rate per day 0.00				38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 80,112.36	
10 Statutory Minimum Wage rate per month 0.00				B. TAXABLE COMPENSATION INCOME REGULAR	
11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax				39 Basic Salary 250,162.43	
Part II - Employer Information (Present)				40 Representation 0.00	
12 TIN 009 - 003 - 300 - 00				41 Transportation 0.00	
13 Employer's Name Mettler - Toledo Philippines, Inc.				42 Cost of Living Allowance (COLA) 0.00	
14 Registered Address 2nd Floor NOL Tower Commerce Ave. Ayala Alabang Muntinlup City				43 Fixed Housing Allowance 0.00	
14A ZIP Code 1780				44 Others (specify)	
15 Type of Employer Main Employer ☐ Secondary Employer ☐				44A 0.00	
Part III - Employer Information (Previous)				44B 0.00	
16 TIN - - - 000				SUPPLEMENTARY	
17 Employer's Name				45 Commission 0.00	
18 Registered Address				46 Profit Sharing 0.00	
14A ZIP Code				47 Fees Including Director's Fees 0.00	
Part IVA - Summary				48 Taxable 13th Month Benefits 0.00	
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 330,274.79				49 Hazard Pay 0.00	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 80,112.36				50 Overtime Pay 0.00	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 38) 250,162.43				51 Others (specify)	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00				51A Other Taxable Compensation 0.00	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 250,162.43				51B 0.00	
24 Tax Due 24.36				52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 250,162.43	
25 Amount of Taxes Withheld					
25A Present Employer 24.36					
25B Previous Employer, if applicable 0.00					
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 24.36					
27 5% Tax Credit (PERA Act of 2008) 0.00					
28 Total Taxes Withheld (Item 26 less Item 27) 24.36					
I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the processing of my/our information as contemplated under the Data Privacy Act of 2012 (RA No. 10173), for legitimate and lawful purposes.					
63 ERYNNA CHARLIE P SIBAYAN Present Employer/Authorized Agent Signature over Printed Name				Date Signed 02.25.2026	
64 ANNA VANESSA B ALBA Employee Signature over Printed Name				Date Signed	
CTC/Valid ID No. of Employee				Amount paid, if CTC	
To be accomplished under substituted filing					
65 ERYNNA CHARLIE P SIBAYAN Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)				66 ANNA VANESSA B ALBA Employee Signature over Printed Name	

NOTE: The BIR Data Privacy is in the BIR website